Introduction: It is the standard operating procedure of the NCSU Veterinary Health Complex (VHC) to provide quality care to our patients and excellent customer service to our clients.

1. MINIMUM STANDARDS FOR ANESTHETIZING A PATIENT

1. Control of airway:
   - The policy of the NCSU VHC is that all common domestic species rendered unconscious by the actions of sedatives, analgesics, anesthetics or combinations of these drugs will be intubated and that correct anatomic placement of the endotracheal tube will be validated using a capnometer or direct visual inspection of the larynx when a capnometer is unavailable.

   - Species for which normal anatomical features present technical constraints on endotracheal intubation may be considered exceptions to this rule (e.g. rabbits), but these special species should be anesthetized in consultation with the anesthesia service or the Special Species Service prior to administering drugs that can impair ventilatory function.

2. Pre-anesthetic diagnostic evaluation:
   - Healthy patients (ASA I/II) 6 years or younger; require a History, Physical Exam and a Big 4 (PCV, TP, BUN Blood Glucose) within 7 days.

   - Healthy patients (ASA I/II) older than 6 years require; a History and Physical Exam, and a CBC and Chemistry Panel completed within 1 month of the anesthetic event is sufficient. If the CBC and chemistry panel are completed greater than 24 hours prior to anesthesia, a BIG 4 is required within 24 hours.

   - Systemically ill patients (ASA ≥ III) or those with ABNORMAL blood work, CBC and Chemistry should be
repeated within one 48 hours of anesthesia date, or the anesthesiologist on duty should be consulted on suitability of just doing a Big 4 on the morning of the anesthetic procedure.

3. Monitoring standard of care:
   - Qualified practice team member’s presence with supervision by a DVM
   - Respiratory monitor (Capnograph) (small animal – recommended)
   - Pulse oximeter
   - Blood pressure monitor
   - Continuous electrocardiograph (ECG) monitor
   - Temperature (small animal)

4. Minimum Requirements for Veterinary Technicians Preforming Anesthesia:
   - It is mandated by the North Carolina Veterinary Medical Board that only a person considered a Veterinary Technician may assist veterinarians with anesthesia.
   - The person is considered a Veterinary Technician if they have graduated from a school for the care and treatment of animals, that conforms to the standards required for accreditation by the AVMA.
   - This person must also be registered with the state of NC as a Veterinary Technician after successful completion of the NC State Veterinary Technician exam.

II. REQUIREMENTS FOR ANESTHESIA SCHEDULING DURING REGULAR BUSINESS HOURS
   - PLEASE REFER TO “HOW TO SCHEDULE ANESTHESIA” FOR STEP BY STEP INSTRUCTIONS ON HOW TO ADD AN ANESTHESIA CASE
   - For all requests:
     - The anesthesia request must be submitted AND approved by 5:00pm the night prior to anesthesia
   - For requests that require a premed time of 9am or earlier:
     - The patient must be in the hospital by 7am the morning of anesthesia
     - The anesthesia checklist must be submitted AND approved by 7:30am the morning of anesthesia
   - For any “add-on” cases (not requested the day prior to anesthesia)
     - Add on cases will be done after all regularly scheduled cases are accommodated for
     - If the add on case cannot be started prior to 3:30 pm it will be postponed until the next day, or an emergency fee will be charged.

III. ANESTHESIA’S ON CALL SERVICE
   - Elective cases should be done during regular business hours only (8am-5pm).
   - An anesthesiologist is on call for questions concerning anesthetized patients.
     - Kate Bailey: 919-523-0517
     - Nigel Campbell: 919-345-8757
     - Kristen Messenger: 704-737-0820
     - Lysa Posner: 607-279-8966
   - Once it is determined that the patient needs the anesthesia service, the attending veterinarian PHONES the
anesthetist. The attending veterinarians should be prepared to discuss the specifics of the case with the anesthetist.

- The Anesthesia service supports both large and small animal hospitals. There is an anesthesia technician on duty until 10:00 pm every night; please let them know if there is a potential case on the way.
  - On weeknights, there is one anesthetist on duty and two students. In addition, a second (back-up) anesthetist is available from Friday 12am to Monday 8am.

- If at any time a clinician decides to start anesthesia without waiting for the anesthetist, the clinician is responsible for anesthesia for that patient, and completing an anesthesia form.
- A pre-anesthesia checklist must be completed for all small animal emergencies; this should be done on paper after hours.
- In the unusual event that the anesthesia student must be left on the case alone (due to other emergencies in the VTH), the primary clinician will be asked to supervise the student and patient until awake or until an anesthetist becomes available (arrives).
- The back-up anesthetist is to be called if:
  - Two or more critical small animal cases need anesthesia simultaneously
  - A small animal and large animal emergency need anesthesia simultaneously
  - The primary anesthetist has been at the hospital for extended periods of time and can no longer safely anesthetize a patient safely.

IV. INFECTIOUS DISEASE CASES:

- Please refer to the Infectious disease protocol SOP for further instructions.